

**SUN CITY CENTER WEST MASTER ASSOCIATION, INC.
DESIGNATED REPRESENTATIVE(S) FORM**

The President or, in the absence of the President, an Officer of a Member Association shall exercise the vote for the Master Association Member when a vote is taken in a Representative Capacity or otherwise represent its interests at meetings or in the conduct of the affairs of the Master Association. Each Member Association shall submit to the Master Association Secretary a list of its Officers, designating the persons who, in the absence of the President, may vote in a Representative Capacity for the Master Association Member and the sequence in which they are authorized to represent the Member Association at any Master Association Meeting. The Member Association's address of record for mail delivery shall be the management office (noted below).

<div style="background-color: yellow; width: 40%; display: inline-block; margin-bottom: 5px;"></div> ASSOCIATION, INC.,		
<p>In the absence of the President, the following named officers currently serving on its Board of Directors, may vote in a representative capacity for the above-named Member Association at any Master Association Meeting and the sequence in which these officers are authorized to represent the Member Association is:</p>		
<u>Ranked</u>	<u>Officer's Name</u>	<u>Title</u>
1st		VP / Secretary / Treasurer
2nd		VP / Secretary / Treasurer
3rd		VP / Secretary / Treasurer
<p>This information shall remain in effect until such time as the Member Association notifies the Master Association of any changes, in writing.</p>		
Signed by:		Title: _____
Print name:		Date: _____

MEMBER ASSOCIATION'S NOTIFICATION ADDRESS

<p>The "Member Association" of the Master Association, hereby designates the official mailing address for any Master Association document or ballot shall be to: <i>(Above-named Condominium/HOA, c/o FIRST SERVICE RESIDENTIAL, 1904 CLUBHOUSE DRIVE, SUN CITY CENTER, FL 33573.</i></p> <p>Send Association's E-mail to:</p> <p>_____</p>
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RECEIPT (office use only):

Received by Master Association on _____ 20__ at _____ AM/PM
by _____.

e-mail: dana.phillips@fsresidential.com or return to: **1904 Clubhouse Dr., Sun City Center, FL 33573**
pamela.torpey@fsresidential.com **Ofc: 813-633-6291** **Fax: 813-642-8790**